

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/535733

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	3		1			
5	21		1			
6	1		1			
7	2		1			
8	8		1			
9	6		1			
10	1		1			
11	8		1			
12	6		1			
13	6		1			
14	6		1			
15	6		1			
16	6		1			
17	6		1			
18	2		1			
19	2		1			
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TOTAL IND.	4		4			
TOTAL DEP.	26		16			
TOTAL CLAIMS	26		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						